

DEPARTMENT OF HEALTH
PRE-PROPOSAL MEETING
FOR
HEALTH DATA WEB PORTAL AND MAINTENANCE
SOLICITATION NO.: OCMP 23-19745/BPM037161

MAY 2, 2023
via Google Meet

10:00 a.m. - 10:41

PRESENT FROM MDH:

DANA WRIGHT, Procurement Officer
BRADLEY KNIGHT, Contract Monitor & Epidemiologist

ALSO PRESENT:

CELESTIA GARNER, STG Consulting
KELLIE BOWER, STG Consulting
KELYN MARTINEZ, California Creative Solution
KOKA KLIORA, Ready Computing
PAT MIN, Tyler Tech
PRACHI CHOUDHARY, V3iT Consulting
GOPAL MISHRA, V3iT Consulting
SARA SAMIS, GCOM Software
AMBER SCHAD, GCOM Software
SCOTT GORNALL, BAON Enterprises
STERLING INGRAM, KZN Consulting
ASHISH TONSE, KZN Consulting
ANASTASIA ANDELIN, Capital Technology Group
TIFFANY SNIDER, Ascending DC
KARTIKKUMAR HIRPARA, vTech Solution
GEORGE CHALISSERY, hMetrix
NATHAN GUSTAV HEDBERG, hMetrix
ALAA NEGEDA, AlxTel
MENSAH ALKEBU-LAN, Universal Equations

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ALSO PRESENT CONTINUED:

MICHELLE MELENCIO, Capital Technology Group
THOMAS CIKANOVICH, Summit Business Technologies
ANAND THIAGARAJAN, KM Data Strategies

REPORTED BY: KATHLEEN A. COYLE, Notary Public

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1 P R O C E E D I N G S

2 MS. WRIGHT: Good morning, everyone. Thank
3 you for attending the pre-proposal meeting for the
4 Request for Proposal Health Data Web Portal and
5 Maintenance for solicitation number OCPMP 23-19745.
6 This meeting is all being recorded. And I ask that all
7 attendees mute their devices unless you're speaking.

8 Again, good morning and welcome. My name is
9 Dana Wright from the Maryland Department of Health,
10 Office of Contract Management and Procurement. I'm
11 here today to help you understand the process for this
12 Request for Proposal. This meeting is to review the
13 RFP for Health Data Web Portal and Maintenance.

14 At this time I ask that the other MDH
15 employees introduce themselves, followed by the pre-
16 proposal conference verification of attendees. When
17 your name and/or company is stated, please respond.
18 Brad, can you please confirm the attendees?

19 MR. KNIGHT: Sure. Quick introduction. My
20 name is Bradley Knight. I'm the epidemiologist here at
21 the Maryland Department of Health. The original

1 contract manager was working on this, and then she left
2 in about August. So I've kind of taken over since
3 then. It's nice to meet everybody. I appreciate that
4 not everyone is here on East Coast time. So if you're
5 here bright and early, good morning.

6 I'm going to go through the conference
7 attendee list that I kind of put together yesterday.
8 For sake of ease, I'm just going to call out the
9 organization, and then could a representative of the
10 organization tell me who exactly is in attendance. I
11 know several people listed multiple attendees. So it
12 might make it easier. And then if you want, you could
13 just put it in the chat as well. That might make it
14 easier for you guys.

15 So I'm going to start with GCOM Software.
16 And sorry if I pronounce any of these incorrectly.

17 MS. SCHAD: Hi. It's Amber Schad and Sarah
18 Samis.

19 MR. KNIGHT: Okay. hMetrix?

20 MR. CHALISSERY: Hi. George Chalissery and
21 Nate Hedberg.

1 MR. KNIGHT: Ready Computing.

2 MS. KLIORA: Hi. It's Koka Kliora.

3 MR. KNIGHT: AlxTel.

4 MR. NEGEDA: Hi. Alaa Negeda, AlxTel.

5 MR. KNIGHT: ProIT.

6 (No response.)

7 MR. KNIGHT: Okay. No ProIT. KM Data

8 Strategies.

9 MR. THIAGARAJAN: Anand Thiagarajan.

10 MR. KNIGHT: California Creative Solution?

11 MS. MARTINEZ: Hi. Kelyn Martinez.

12 MR. KNIGHT: KZN Consulting.

13 MR. INGRAM: Sterling Ingram and Ashish

14 Tonse.

15 MR. KNIGHT: V3iT Consulting.

16 MR. MISHRA: This Is Gopal here, and I have

17 Pachi with me.

18 MR. KNIGHT: Summit Business Technologies.

19 MR. CIKANOVICH: Ken Cikanovich.

20 MR. KNIGHT: vTech Solution.

21 MR. HIRPARA: Hi. This is Kartik Hirpara.

1 And I have Vishna Naroka (phonetic).

2 MR. KNIGHT: Ascending.

3 (No response.)

4 MR. KNIGHT: Universal Equations.

5 (No response.)

6 MR. KNIGHT: Capital Technology Group.

7 MS. ANDELIN: Yeah, we have Anastasia Andelin
8 and Michelle Melencio with Capital Technology Group.

9 MR. KNIGHT: STG Consulting.

10 MS. GARNER: Yes. Celestia Garner and Kellie
11 Bower.

12 MR. KNIGHT: Holck Consulting?

13 (No response.)

14 MR. KNIGHT: Tyler Tech.

15 MR. MIN: Yes. Good morning. Patrick Min.

16 MR. KNIGHT: And BAON Enterprises.

17 MR. GORNALL: Good morning. This is Scott
18 Gornall.

19 MR. KNIGHT: And that was the end of my list.
20 If anybody is here who I did not call on that list,
21 could you please type in the chat. Also, there is I

1 think a couple of people who may have joined while I
2 was going through. If you didn't hear your
3 organization called, could you please type your
4 organization and name in the chat. Thank you.

5 MS. WRIGHT: I'll give them a few minutes to
6 do that. And I will continue. It's very important
7 that everyone confirms attendance in case there is a
8 need to contact you as a result of this meeting.

9 The Department intends to make a single award
10 as a result of this RFP. Carefully review Section 2,
11 contractor requirements, scope of work, beginning on
12 page two of the RFP. As noted, the Maryland Department
13 of Health is issuing this Request for Proposal in order
14 to create a contract to provide a publicly available
15 website for the Maryland Behavior Risk Factor
16 Surveillance System, BRFSS, and Maryland Youth Risk
17 Behavior Survey, YRBS, dissemination. All subsequent
18 documentation regarding this solicitation will be
19 posted on eMaryland Marketplace Advantage, eMMA
20 website.

21 Please remember that in order to receive a

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1 contract award a vendor must be registered on eMMA.
2 Registration is free. Please review section 4.2 for
3 details on page 45.

4 I would like to stress to everyone today that
5 any questions asked during the question and answer
6 portion of this meeting be submitted the Department in
7 writing for clarity purposes. The questions and
8 answers, along with the minutes and other documents, if
9 required, will be posted on the eMMA website as quickly
10 as possible.

11 Carefully review Section 4.3 questions, on
12 page 45 regarding how to submit questions subsequent to
13 the pre-proposal conference. Questions to the
14 procurement officer, Dana Wright, shall be submitted
15 via the email address listed on the RFP key information
16 summary sheet. Please identify in the section "Y" the
17 solicitation number and title. Questions should be
18 submitted no later than five days prior to the proposal
19 due date. The procurement officer, based on the
20 availability of time to research and communicate an
21 answer shall decide whether an answer can be given

1 before the proposal due date. Given that, please try
2 to submit any questions as soon as possible.

3 If the RFP is revised before the proposal due
4 date, the Department shall provide an addendum. Please
5 be sure to check the eMMA website to acknowledge any
6 addenda.

7 The contract type used for this solicitation
8 is a firm fixed price. There are several steps
9 involved in this method. So your attention to the
10 solicitation document is crucial to the successful
11 submission of your proposal. There no mandatory
12 requirements for this RFP. The contractor
13 requirements, scope of work is listed in Section 2,
14 beginning on page two. This gives the outline and
15 responsibilities of the contractor and gives you a
16 clear understanding of what the Department expects of
17 the successful contractor in the provisions of the
18 service. Please note, a representative from the
19 program staff will give further emphasis on the scope
20 of work very shortly.

21 Proposal format. Offerors are required to

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1 submit their response to the RFP in two parts. Section
2 5, proposal format, beginning on page 57, clearly lists
3 all submission requirements. Again, I want to stress
4 that your RFP shall be submitted as a Volume I,
5 technical proposal; Volume II, financial proposal. The
6 evaluation and selection process are outlined in
7 Section 6, beginning on page 67. Your proposal will be
8 evaluated by a committee organized for that purpose.
9 It will be based on the criteria set forth in the RFP.

10 The technical proposal evaluation criteria
11 listed in descending order of importance can be found
12 in Section 6.2, on page 67. With the financial
13 proposal evaluation criteria listed in Section 6.3, on
14 page 67. The selection procedures is highlighted in
15 Section 6.5, on page 68. As noted, the contract will
16 be awarded in accordance with the competitive sealed
17 proposal method. Other than composing your technical
18 proposal and financial proposal, the most important
19 matter is to have your proposal submitted by the date,
20 time and location listed. Therefore, your proposals
21 are due no later than May 24, 2023, at 2:00 p.m. local

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1 time, and submitted electronically to the State's
2 eMaryland Marketplace Advantage e-procurement system.
3 No proposal will be accepted after 2:00 p.m.

4 Please remember that after the pre-proposal
5 conference offerors may have questions answered that
6 may help them understand the RFP. Please keep in mind
7 that your answers to your questions, if they are
8 significant nature, will be posted on the eMMA website.
9 Therefore, please allow sufficient time for this to
10 occur. Again, if you have any questions about the
11 procurement process, send that information to the
12 email address listed on the RFP key information summary
13 sheet. Before questions are taken, please state your
14 name and name of company so that minutes are accurate.
15 And we ask that you will raise your hand. At this time
16 are there any questions?

17 (No response.)

18 MS. WRIGHT: Okay. Thank you. And at this
19 time Bradley will give the scope of work.

20 MR. KNIGHT: Sure. So the purpose of this
21 RFP is to create a contract that's meant to provide a

1 publicly available website that disseminates the
2 Maryland Behavioral Risk Factor Surveillance System and
3 the Maryland Youth Risk Behavior Survey data.

4 For those who are unfamiliar with these data
5 sets, I'll go over them briefly. So the Behavioral
6 Risk Factor Surveillance System, or otherwise known
7 BRFSS, or BRFSS, which I'll use those two
8 interchangeably throughout the rest of this. It's an
9 annual surveillance data set that reports on chronic
10 health condition prevalence and health and risk
11 behaviors of the adult noninstitutionalized residents
12 in Maryland. The BRFSS is fielded continuously every
13 year. The data sets are then generally released to the
14 states by the CDC in the late summer the following
15 year. So for the 2021 data, that was released in
16 August 2022.

17 The survey design of BRFSS allows for
18 multiple survey versions, aka splits, up to a total of
19 three. In any given year some variables may be
20 included in one split, two split, or all three splits.
21 And separate weighting variables are used, depending on

1 how many splits that that variable was included in.
2 And every single year new weights are produced based on
3 the amount of respondents we had. We generally have
4 about 140 to 160 different indicator variables, and not
5 every single one is available every year. Some rotate
6 to be asked every other year. And we generally have a
7 sample size of about 15,000 participants per year. And
8 we set a suppression rule as a denominator less than 50
9 and/or a relative standard error greater than or equal
10 to 30 percent.

11 We're also interested in showing trends or
12 multi year, rolling averages with the inclusion of a
13 multi year data set which would go back as far as 2011.
14 We won't have any data ever included that goes prior to
15 2011.

16 The YRBS, The Youth Risk Behavior Survey, is
17 a biannual report on middle and high school students.
18 That reports their health and risk behaviors. This
19 data is collected in the fall of even years and is
20 released in late fall the following year. The YRBS
21 typically includes one weight variable and

1 approximately 83 indicator variables in the middle
2 school data set, and approximately 99 indicator
3 variables in the high school data set. And, again, we
4 would like the inclusion of a multiple year data set to
5 the YRBS as well. All these data sets would be
6 provided by the State of Maryland. We prepare them in
7 house for use in the application. And we would provide
8 a SAS license for the servers, which are also hosted in
9 house.

10 MR. CIKONOVICH: Brad, real quick. Can you
11 repeat those data sets for the YRBS? I apologize.

12 MR. KNIGHT: For the YRBS -- what part did
13 you miss? Was it about the --

14 CIKONOVICH: The variables and number of
15 respondents.

16 MR. KNIGHT: Sure. So the number of
17 respondents I actually am not 100 percent sure. So I
18 don't deal with the YRBS myself. We have -- there's
19 another epidemiologist in another department who does
20 the YRBS data. But there's about 83 indicator
21 variables in middle school and 99 in high school. Does

1 that answer your question?

2 CIKONOVICH: Yes, it does. Perfect. Thank
3 you.

4 MR. KNIGHT: So the primary function of the
5 web app would be to have a tool for users to engage in
6 a customizable data analysis for both the BRFSS and the
7 YRBS data. So, again, the primary function is these
8 queryable variables or indicators, these terms will be
9 used interchangeably. In essence, the user can go onto
10 the website, select a variable or indicator of
11 interest, and do a quick and intuitive analysis of that
12 variable with options of crude or age- adjusted
13 analysis. They would have the ability to run
14 crosstabs. So they could pull up just the standard
15 prevalence. They could run a crosstab to look at the
16 prevalence in specific geographic areas, or by income
17 status, employment status, race ethnicity group, female
18 et cetera. And the data maps, figures and table. And,
19 et cetera. And the data should be presented with maps,
20 figures, and tables as appropriate. And we would like
21 these data visualizations to be exportable. We would

1 also like the inclusion for topical reports. So we
2 would like the website to include the capacity for the
3 creation of these reports that would kind of summarize
4 information from multiple data sources into a single
5 viewing pane, such as chronic health indicators from
6 BRFSS and vital statistics data as well.

7 So among these topical reports, we are
8 interested in three types. The indicator reports,
9 health topic reports, and population reports. The
10 indicator reports would be a queryable report where the
11 user can select among some indicator, and that would
12 automatically display the data in a report that
13 displays optional data slices and visualizations, such
14 as data by demographics, region, comorbidities as an
15 example. The health topic reports would provide a text
16 overview of a select health topic, for example,
17 diabetes or heart disease, and this would summarize
18 applicable research, provide an overview of the data
19 related to the health topic as present in the BRFSS
20 data, and provide links to related indicator reports to
21 that data, as well as other related data sources. And

1 then the population reports would be a report on a
2 population of interest so, for example, a specific
3 county or a specific income category, specific
4 race/ethnicity, et cetera. And this would compare
5 indicators of interest within that population to
6 Maryland as a whole, and if applicable to the United
7 States.

8 And we would also just like a page on the
9 site to house all of the currently published reports
10 that are released by the State. We have surveillance
11 briefs and things like that.

12 So these data sets are often used by
13 Department programs, local jurisdictions, and other
14 partner agencies to assess prevalence of chronic
15 conditions and health risk behaviors, assess needs,
16 inform decision making, plan and evaluate programs,
17 measure the impact of public health initiatives, apply
18 for grant funding, et cetera, et cetera. Therefore,
19 timely dissemination is of critical importance and
20 highlights the importance of this data dissemination
21 tool.

1 We wish to pursue a three-year contract to
2 maintain a publicly available website for these data
3 disseminations, with two optional years that may be
4 exercised. And then it is expected that the awardee
5 will have a data dissemination platform that is readily
6 available and functional, and easily adaptable for
7 Maryland's needs.

8 So for the specific responsibilities and
9 tasks there are a few one-time expenses. The
10 installation and configuration of the base software
11 environment, a local development environment, ensuring
12 that the licensed server versions of SAS are installed
13 and available for use, migrating all prior data onto
14 the portal, and customizing the look and feel to meet
15 the Department criteria, uploading any previously
16 created data reports to the site and, at the end of the
17 contract preparing files for transition out.

18 And then there will be some ongoing expenses,
19 which will be the addition of upcoming data sets that
20 are going to be released in the future for BRFSS and
21 YRBS, and inclusion of these in the multi year data

1 sets, and then the inclusion of two to four indicator
2 reports per year, one to two health topic reports per
3 year, and two to four population reports per year. And
4 then miscellaneous activities, such as meetings,
5 trainings, maintenance, et cetera.

6 I wanted to bring up the pricing sheet. I
7 can bring it up -- I don't know -- Dana, is it
8 appropriate to share things during these meetings?

9 MS. WRIGHT: You can bring up the financial
10 sheet.

11 MR. KNIGHT: So this is the financial form.
12 In here we've tried to estimate the number of hours per
13 these one-time and ongoing expenses. Keep in mind, I'm
14 the one who had to do these estimations. I'm not
15 particularly savvy on the burden of some of these front
16 end and back end activities. I have a very basic
17 knowledge. So these estimated hours might differ from
18 what you think you can perform these tasks in, which
19 are perfectly fine. But for the sake of comparing the
20 same pricing and model across all offerors, we locked
21 all of the hours and just ask that you provide an

1 estimated proposed cost. And then in your technical
2 proposal that is where you could estimate the number of
3 hours to be included. That would differ from what we
4 have here.

5 But that is all I had in terms of, you know,
6 a quick summary over the scope of work and the pricing.
7 And I think at this point we welcome any questions.
8 And we can kind of Q&A. Again, keep in mind, I'm not
9 as technically savvy, so I may not have an answer for
10 you right now. In which case I will just say, could
11 you please submit it in writing to my email and then
12 we'll get back to you with an answer.

13 MS. WRIGHT: Uh-huh. And before we take
14 questions at this time, could you please raise your
15 hand. That way Brad or myself will be able to take
16 questions in order, please. Thank you.

17 MR. KNIGHT: Sure. Thomas, you can go ahead.
18 And could you please state your organization, please.

19 MR. CIKANOVICH: Sure. It's actually -- I go
20 by Ken. Summit Business Technologies. So it's not a
21 problem, Brad. So two questions. One, hosting

1 requirements. Will you be hosting the website and
2 database or will you require us to do that?

3 MR. KNIGHT: I believe we would host it. So
4 we have our IT Department set up five virtual machines
5 or virtual servers in which would host all of the data.

6 MR. CIKANOVICH: Okay. And second question
7 to that. Are there any restrictions on coding language
8 or requirements as to the actual; programming language
9 utilized for development?

10 MR. KNIGHT: I'll have to get back to you on
11 that one. I don't want to misspeak. I don't believe
12 so. But --

13 MR. CIKANOVICH: Okay.

14 MR. KNIGHT: But, again, I'll have to get
15 back. So if you could please submit that one in
16 writing.

17 MR. CIKANOVICH: Sure. I can submit that.
18 I'll submit both just so people have it listed.

19 MR. KNIGHT: Sure. Sounds good.

20 MR. CIKANOVICH: Thank you.

21 MS. WRIGHT: Are there any other questions?

1 MR. KNIGHT: Scott, you can go ahead.

2 MR. GORNALL: Yeah. Thanks, Bradley. Is
3 there a particular type of data repository that's
4 currently in use, or would the vendor be bringing their
5 own database/data repository into the virtual server?

6 MR. KNIGHT: So we -- I mean, we have a
7 current data dissemination tool, but I believe it's
8 expected that you would bring your own tool. If that's
9 what you're referring to.

10 MR. GORNALL: Yes. Thank you.

11 MR. KNIGHT: I think it is Pat first. So we
12 have Pat.

13 MR. MIN: Thank you. I didn't mean to cut on
14 anybody. I think -- yes, I was wondering, I saw on
15 page 17 in the pdf, I think it's page 10 of 119 at the
16 footer. It said that for the stipulation for two
17 working prototype query modules for adult level BRFSS
18 data. I was wondering if you could please elaborate on
19 what is expected from those two query modules?

20 MR. KNIGHT: I'm trying to -- you said it was
21 on page 17?

1 MR. MIN: Yeah. I'm sorry. I think it's on
2 page 10 actually. But my numbering is a little off of
3 the pdf. I think it's 10 at the bottom.

4 MR. KNIGHT: I can't quickly find this.

5 MR. MIN: I can submit it in writing if that's
6 easier.

7 MR. KNIGHT: Sure.

8 MS. WRIGHT: Yes.

9 MR. KNIGHT: And Sarah?

10 MS. SAMIS: Hi. Yes. So can you say whether
11 there's an incumbent?

12 MS. WRIGHT: At this time, as far as the
13 incumbent, that information is not available at this
14 time. We would have to research the incumbent
15 information. And we can do that.

16 MS. SAMIS: Great. Thank you. And I had
17 another question.

18 MS. WRIGHT: Uh-huh.

19 MS. SAMIS: Are you anticipating that you
20 continue the existing technology approach that you're
21 using in IBIS? That was the link that you sent in the

1 RFP.

2 MR. KNIGHT: Not necessarily. As long as it
3 fits the needs of the Department, we would evaluate it
4 on a case by case basis.

5 MS. SAMIS: Okay. And a follow-up to that.
6 Can you talk at all about or describe in more detail
7 how any solution should align with MDH's broader public
8 health data modernization work and roadmap?

9 MR. KNIGHT: That one I'll have to get back
10 to you on. I'm just not sure at this time.

11 MS. WRIGHT: Sarah, can you submit your
12 questions in writing, please, to the email address?

13 MS. SAMIS: Yes, I will.

14 MS. WRIGHT: Thank you.

15 MR. KNIGHT: I'm probably going to
16 mispronounce this, Mensah.

17 (No response.)

18 MR. KNIGHT: If you're talking, we can't hear
19 you. You're still muted.

20 MR. ALKEBU-LAN: Can you hear me?

21 MR. KNIGHT: Yeah, we can hear you now.

1 MR. ALKEBU-LAN: Okay. Excellent. Yeah. I
2 didn't get a chance to test my mic. So sorry about
3 that. So I guess I got a couple questions. It's
4 something you probably went over, but I may have
5 missed, is how the SAS license would be administered.
6 I was wondering if you could give us any color or
7 detail on that?

8 MR. KNIGHT: So we go through the SAS
9 website. And they just provide server applicable
10 license. And then you kind of just send it along. The
11 installation requirement is on the contract.

12 MR. ALKEBU-LAN: Okay. Yeah. Straight
13 forward. And I guess the other thing would be the --
14 I see there's like a SOC 2 requirement, so you probably
15 mentioned that as well. I'm wondering how that -- I
16 guess it's a audit report or something. I guess you
17 can give me an idea of how that works.

18 MR. KNIGHT: I'm sorry, you said what
19 requirement?

20 MR. ALKEBU-LAN: A SOC 2. It's like a
21 privacy certification.

1 MS. WRIGHT: Uh-huh.

2 MR. ALKEBU-LAN: That a lot of health people
3 ask for, you know, for obvious reasons, thinking about
4 the privacy of the individuals to be preserved. So I
5 wondering if you can give us any idea about how that's
6 expected, you know, to work?

7 MS. WRIGHT: Okay. For that one, Brad, let
8 me check on that one. Because I have to go back into
9 the RFP for the SOC, 2 requirements for that one. Can
10 you send a follow-up question for that, please? So
11 that way I can verify the SOC 2 requirement, please.

12 MR. ALKEBU-LAN: Absolutely. Yeah. I can
13 definitely do that.

14 MS. WRIGHT: Thank you. And did you have any
15 other questions?

16 MR. ALKEBU-LAN: That is -- well, I mean, one
17 more. I think there was something about some MBE
18 reports. I don't know if it was a veteran's one too.
19 But I know there's a MBE one. So I know there's no MBE
20 goal. So I guess I'm wondering how that -- how that's
21 supposed to be -- I mean, what -- if you don't have a

1 MBE goal, it's hard to put in the context a MBE report.

2 So what's the purpose of the MBE report?

3 MS. WRIGHT: There's no requirement. So this

4 RFP --

5 MR. ALKEBU-LAN: There's no requirement, .

6 Okay. Okay.

7 MS. WRIGHT: Right.

8 MR. ALKEBU-LAN: That answers my question.

9 MS. WRIGHT: So this RFP does not have an MBE
10 goal nor VSBE goal.

11 MR. ALKEBU-LAN: Okay.

12 MS. WRIGHT: So it's not applicable.

13 MR. ALKEBU-LAN: Okay. Gotcha.

14 MS. WRIGHT: Okay.

15 MR. ALKEBU-LAN: Okay. Thank you. And
16 that's it. And Mensah. To keep in line, Universal
17 Equations. I'm supposed to tell you my organization.
18 But thank. And I'll send a follow-up for the SOC 2.

19 MS. WRIGHT: Okay. Thank you.

20 MR. ALKEBU-LAN: Thank you.

21 MR. KNIGHT: Sarah?

1 MS. SAMIS: Hi. One more question. And this
2 might be related as you go back and get more
3 information on how the scope would align with the
4 public health data modernization roadmap. But are you
5 willing to consider a vendor hosted solution with
6 annual subscription fees that include hosting and
7 maintenance which provide you with more predictable
8 long-term costs?

9 MR. KNIGHT: That's a good question. Again,
10 I'm going to have to defer that question and do a
11 little research myself first and then get back to you.

12 MS. SAMIS: Thank you.

13 MS. WRIGHT: Thank you.

14 MS. WRIGHT: Are there any other questions at
15 this time?

16 MR. KNIGHT: Go ahead Celestia.

17 MS. GARNER: Thanks. So when you're talking
18 about bid data visualizations, we're talking making
19 sure that they were printable. Can you elaborate at
20 all on what you're wanting there? Is there a format of
21 printables, does that need to be downloadable or is

1 there something more specific around those data
2 visualizations?

3 MR. KNIGHT: We just want them to be
4 exportable in some way, where they can be included in
5 other reports that are produced. So, for example, if
6 the web app is producing a map, or a county-wide
7 breakdown of a certain disease, it would be nice to
8 take that map, quickly be able to export it for the
9 inclusion in another report. In terms of format, I
10 don't have anything in particular in mind. Anything
11 that functions would suffice, I would assume.

12 MS. GARNER: Great. Thank you.

13 MR. KNIGHT: I thought I heard a hand go up,
14 but I guess it got taken back down.

15 MR. CIKANOVICH: You answered my question on
16 the second part of your response.

17 MR. KNIGHT: Gotcha.

18 MR. CIKANOVICH: But actually, I do have a
19 followup, outside of not only these questions but,
20 obviously, the ones that are being submitted. When can
21 we expect those questions and answers to be available
22 for viewing and dissemination throughout our team?

1 MR. KNIGHT: You go ahead.

2 MS. WRIGHT: Yes. As indicated, the
3 questions and answers will be posted as soon as
4 possible. We usually ask you to allow us at least a
5 couple of days to do the research and post that
6 information, depending on how complex the question it,
7 it may take a little longer. So I usually try to --
8 whoever sends that question at least acknowledge the
9 questions are received and the Department will be
10 working on it as soon as possible. As stated, all of
11 the information will be uploaded to the eMaryland
12 Marketplace website as soon as possible.

13 MR. CIKANOVICH: Excellent. Thank you.

14 MS. WRIGHT: You're welcome.

15 MR. KNIGHT: Kartikkumar.

16 MR. HIRPARA: Yes. Hi. This is Kartik
17 Hirpara from vTech Solution. I have a question for
18 Section 2.1.5, on page two. It says State does not
19 wish to procure software applications to
20 (indiscernible). Can you elaborate a little bit on
21 that? Because it's (indiscernible) is going to be the
22 new development, if I understand correctly.

1 MR. KNIGHT: We -- we're saying that we don't
2 -- we expect that the software will function by the
3 start of the contract. We want it to be full -- at
4 least somewhat operational, fully operational,
5 understanding that, you know, we may want to change or
6 add additional features in the future, but we want the
7 software to generally be available by the due date of
8 the proposal. So we're looking for something that's
9 adaptable to the Maryland data that is already in
10 existence.

11 MR. HIRPARA: Thank you.

12 MR. KNIGHT: Sure. Go ahead, Sarah.

13 MS. SAMIS: Yes. Just to followup. And I
14 think it piggybacks on the previous question that was
15 just asked. So given that you're interested in
16 something that's readily available by the start of the
17 contract, how much flexibility is there in the
18 technology stack versus what is in the RFP? So, for
19 example, again, going back to vendor hosted. If the
20 vendor already hosts it and it works in their
21 environment, and certain components may or may not
22 include some of the reference in the RFP but it

1 provides you with the equivalent functionality, is that
2 okay? Or how much would you consider that?

3 MR. KNIGHT: That's, again, going to have to
4 be something that I do research on. I just don't know
5 what is allowed and not allowed to do such a thing.
6 This is my first contract. But I will do some research
7 and get back to you.

8 Go ahead, Celestia.

9 (No response.)

10 MR. KNIGHT: You're muted.

11 MS. WRIGHT: You're on mute.

12 MR. KNIGHT: We can't hear you.

13 MS. GARNER: I put my hand down and I didn't
14 unmute. Are you aware if the -- if SAS is the
15 technology that's going to be used throughout the
16 entire length of this next contract that you've got
17 going? Is it -- are there any other languages that
18 might be supported, or is there a hard requirement to
19 support the SAS files throughout that contract?

20 MR. KNIGHT: So that's a really good
21 question. As far as my knowledge, I don't see the
22 Department itself straying away from SAS. The CDC

1 provides all the files in SAS format. We pretty much
2 only have SAS files available to us currently. That's
3 the software we have. But if there's another software
4 that can still use SAS files -- so, for example, I
5 think maybe R-Shiny or -- I'm not going to say anything
6 else. That's the only thing I know off the top of my
7 head, and I don't want to mis-speak, then we're not
8 really opposed to it, but we will continue to use SAS
9 on our end. As far as I know. I can't say whether or
10 not that will change three years time, but --

11 MS. GARNER: Thank You.

12 MR. KNIGHT: Sure. Go ahead, Pat.

13 MR. MIN: Thank you. I was just wondering, I
14 did see some mention that HIPAA compliance was not a
15 requirement. Is that the case? I just wanted to make
16 sure.

17 MR. KNIGHT: So the BRFSS data isn't -- it
18 doesn't include any public health information or
19 identifiable information. So, yeah, that would be the
20 case.

21 MR. MIN: Thank you.

22 MR. KNIGHT: Sure. I should have probably

1 mentioned that when I was describing the data.

2 MR. MIN: I was also wondering, could you
3 please elaborate on who the consumers of the data will
4 be? I know that there was some mention in the
5 solicitation about the Centers for Disease Control
6 Prevention. I do believe that there was also some
7 mention of an agency by a similar name that may have
8 been at the State level. If memory serves, it was --
9 let me just see in my notes here, the Center for
10 Prevention of Chronic Diseases if memory serves. Is
11 that a separate agency within the State?

12 MR. KNIGHT: So when you talk about consumers
13 of the data, are you talking about the people who are
14 going to be using the web app to view the data?

15 MR. MIN: That is correct. Yeah. And I
16 guess, you know, any clients or other, you know, data
17 sharing requirements that may exist legislatively or
18 otherwise --

19 MR. KNIGHT: Sure.

20 MR. MIN: -- that is necessitating the need
21 for this reporting.

22 MR. KNIGHT: So the BRFSS data in and of

1 itself is State -- it's collected state by state, but
2 administered and assisted by the CDC. So the CDC takes
3 all the data, they do a lot of in-house data cleaning
4 and the waiting process and everything like that, and
5 they send it to the states, and then we kind of have
6 flexibility in what we use this data for. Some states
7 build these types of data dissemination portals, others
8 do not. We have in the past, and we'd like to continue
9 doing that going forward in terms of the users of this
10 website. It's a lot of -- just from my experience,
11 it's a lot of local health departments trying to
12 assess, you know, health needs, disparities within
13 their jurisdictions, there's private organizations,
14 universities, things like that. But ultimately it's
15 just available to anyone who wants to view it. But
16 those would be the more typical users.

17 MR. MIN: Thanks.

18 MR. KNIGHT: Sure. Are there any other
19 questions?

20 (No response.)

21 MS. WRIGHT: Okay. If there are no other
22 questions, we'll just give a few reminders. The

1 proposals are due no later than May 24th at 2:00 p.m.
2 local time. Remember to check the eMMA website for any
3 revisions or updates to the RFP. Please make sure that
4 all documents are completed and signed. And we thank
5 you all for your time today. And have a safe day.
6 Thank you.

7 (Whereupon, at 10:41 a.m., the meeting
8 was adjourned.)

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CERTIFICATE OF NOTARY

I, Kathleen A. Coyle, Notary Public, before whom the foregoing testimony was taken, do hereby certify that the witness was duly sworn by me; that said testimony is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to this action, nor financially or otherwise interested in the outcome of the action; and that the testimony was reduced to typewriting by me or under my direction.

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KATHLEEN A. COYLE
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